

Date Paid: _____
Rcpt: _____ Amt: _____

SPECULATIVE EVALUATION FORM

Requester: _____ Phone #: _____

Mailing Address: _____
Address
City
State
Zip

Email Address: _____

Location:
 Legal Description: Township: _____ Range: _____ Section: _____ ¼ Section: _____
 Subdivision Name (if applicable): _____ Division: _____ Lot: _____ Block: _____
 Parcel #: _____ County: _____

Property Address if Available: _____

Directions to Property: _____

Lot Size: _____ acres Water Supply: Private Well Shared Well Public System

This review in no way guarantees issuance of a septic permit. It is valid for one (1) year only. Fee may be applied toward permit within one (1) year. If more than two (2) visits needed, an additional \$450 fee is required.
 I hereby authorize access to this property for the purpose of conducting a speculative on-site evaluation.

Signed by: _____ Date: _____

EIPH Use Only							
CURRENT LAND USE: _____							
SITE SUITABILITY: _____							
Soil Types:							
Based on SCS Maps	A	B	C	Unacceptable			
Based on Engineering Report	A	B	C	Unacceptable			
Based on Test Hole	A	B	C	Unacceptable			
Test Hole Information:							
Depth of Test Hole: _____	Predominant soil type observed: _____						
Bedrock encountered: _____	Any ground water encountered: _____						
Other concerns: _____							
Effective Soil Depth: Is there sufficient soil depth below bottom of proposed system to meet rules? Yes No Unk*							
Depth to nearest Groundwater: _____				Depth to nearest impermeable layer: _____			
Separation Distances: Does property appear to have sufficient area for system and replacement to meet all separation requirements for:							
Well location (owner's property):	Yes	No	Unk*	Nearest neighbor's well:	Yes	No	Unk*
Water distribution lines:	Yes	No	Unk*	Downslope cut or scarp:	Yes	No	Unk*
Temporary surface waters:	Yes	No	Unk*	Property lines:	Yes	No	Unk*
Permanent or intermittent surface water:	Yes	No	Unk*				
*Comments: _____							

Date(s) On-Site Evaluation Conducted: _____							
Travel time associated with evaluation: _____							
Inspection time associated with evaluation: _____							
EHS: _____							